## ATTACHMENT Procedure codes added to dental coverage

Effective for dates of service on and after June 1, 2002

CDT	Description of	PA	Allowable	Limitations	Child	Adult	Copayment
procedure	service	required?	Age		maximum	maximum	
code					fee (0-20	fee (21+	
					years)	years)	
D0140 or	Limited oral	No	All	One evaluation	\$19.61	\$18.13	\$1.00
00140	evaluation —			per three years			
	problem			per provider.			
	focused. This						
	code is typically						
	used for						
	recipients						
	referred for a						
	specific problem						
	and/or dental						
	emergencies,						
	trauma, or acute						
	infection.						
D7120 or	Extractions	No	All	One extraction	\$40.91	\$38.53	\$2.00
07120	(includes local			per tooth			
	anesthesia,			(tooth numbers			
	suturing, if			1-32, A-T, SN).			
	needed, and			Not			
	routine			reimbursable if			
	postoperative			procedure code			
	care); each			D7250 or			
	additional tooth			07250 is			
				performed on			
				the same date			
				of service for			
				the same tooth			
				number.			